

Direct Payment Form

Authorization Agreement for Direct Payments (ACH Debits)

Please print out the form below, fill it in and mail to:

Pennichuck Water
25 Walnut Street
P.O. Box 428
Nashua, NH 03061-0428

Please call Customer Service with any questions: 603-882-5191

Company Name (Pennichuck Water) _____
Your Pennichuck Water Account # _____

I (we) hereby authorize Pennichuck Water, hereinafter called the Company, to initiate debt entries to my (our)
___ Checking/NOW Account ___ Savings Account indicated below and the financial institute named below, and to debit the
same to such account.

Financial Institute Name: _____
Branch: _____
City: _____ State: _____
Zip: _____
Routing # : _____
Account #: _____

This authorization is to remain in full force and effect until at such time I decide to discontinue this payment service and have notified the Company in such a manner as to afford the Company a reasonable opportunity to act on it.

Name(s): _____
(Please Print)
Address: _____
Daytime Phone #: _____
Signature _____
Date _____